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APPLICANTS

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**** CONTINUING DATA *******This application is a 371 of PCT/EP03/13089 11/21/2003 *m3***** FOREIGN APPLICATIONS *******GERMANY 10255120.0 11/26/2002 *m3***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	GERMANY	2	30	6

ADDRESS

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TITLE

Medical or dental tool holder comprising a multi-step transmission arrangement

FILING FEE RECEIVED 2230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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